

**CSBG
EARS Designation Form
Key Users**

Agency Name: _____ Date: _____

Contact Person: _____ Phone: _____

Person completing this form

Identify the key users for CSD's EARS web-based reporting system.

Data Entry Staff

1. _____

2. _____

3. _____

Authorized person(s) who will certify expenditure reports (please complete the certification form)

1. _____

2. _____

3. _____

EARS Account Administrator

1. _____

EARS ELECTRONIC SIGNATURE CERTIFICATION FORM

FROM:

Agency name: _____ Name of county: _____

Agency Telephone Number: _____ FAX Number: _____

Using only BLUE or BLACK Ink, please provide the first, last name and signature of those individuals authorized to approve CSD's Expenditure Reports. Please limit signature samples to staff currently authorized to sign expenditure reports. Scan this form and submit to: ranthony@csd.ca.gov. If you are unable to submit a scanned image, mail this form to:

Department of Community Services and Development
Information Technology Services Unit
700 N. 10th Street, Room 258
Sacramento, CA 95814-0338
Attn: Ray Anthony, Jr.

Note: Please provide signature within confines of the box provided.

1. First Name: _____ Last Name: _____



Signature 1

2. First Name: _____ Last Name: _____



Signature 2

3. First Name: _____ Last Name: _____



Signature 3

4. First Name: _____ Last Name: _____



Signature 4

Director's
Signature: _____ Title: _____ Date: _____